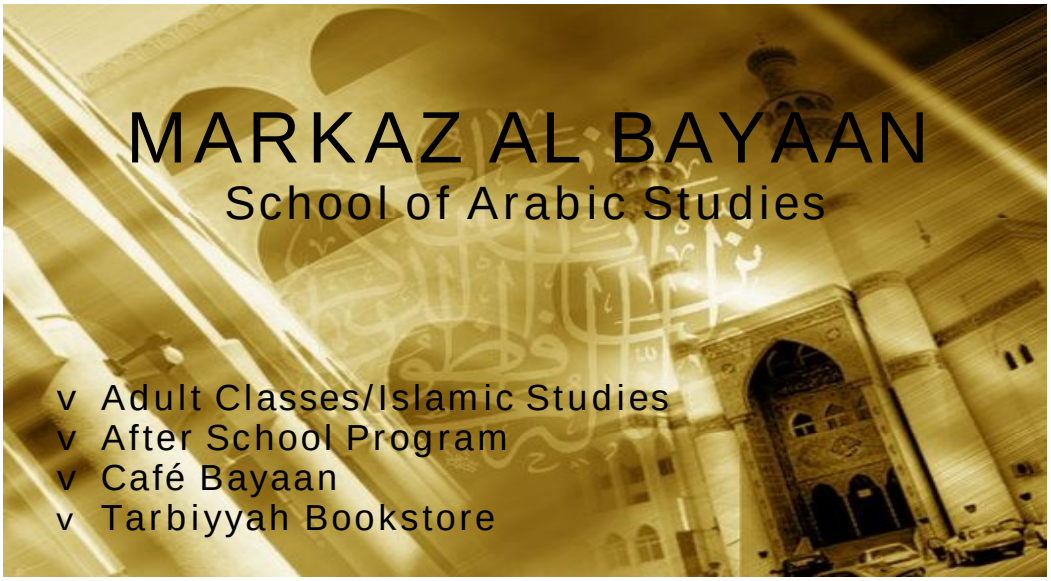
بسم الله الرحمن الرحيم



3841 N. Broad Street, Philadelphia, PA 19140
215-228-2833 * 215-239-5953

PRESENTS
and
NOW ACCEPTING APPLICATIONS
for

AFTER SCHOOL PROGRAM

(AGES 5-7)

See page 2: Program Outline
See page 3: Application

Markaz Al Bayaan School of Arabic Studies

After-School Program for ages 5-7

Welcome to the newly added Markaz Al Bayaan After School Program. Our goal is to create and expand the learning opportunities in Arabic & Islamic Studies. This program is perfect for students who need additional Islamic education and a great chance to socialize with other Muslim children.

Our Staff:

The staff here is fully experience in providing a friendly, safe and learning environment for your child.

- Homework Assistance by Umm Salamah
- Reading tutoring by Yasir Abdul Rahman
- Math tutoring by Umm Salamah
- Arabic Studies by Amar Jones, Director of Markaz Al Bayaan

* Volunteers are Welcome *

Payment:

The fee will be $25.00 per child, per week. Payment is due each Monday on a weekly basis.

Family Rates: Weekly

1 child	$25.00	4 children	$85.00
2 children	$40.00	5 children	$105.00
3 children	$65.00	6 children	$125.00

Late Payment:

If After School Payment Fees are more than two weeks delinquent, the child will be suspended until the fees are paid. You are welcome to pay in advance for more than one week.

Daily Schedule:

3:30 to 4:15 pm	Homework Assistance
4:15 to 4:45 pm	Snack time
4:45 to 5:30 pm	Math / Reading Tutoring (Selected days)
5:30 to 6:30 pm	Arabic Studies

Hours of Operation:

Monday – Friday 3:30 pm to 7:00 pm

Application Requirement:

Parents must submit an application with first week deposit.

All parents must abide by the following conditions:

1. Provide their child with snacks.
2. A toy or activity of their choice.
3. A change of clothing.
4. Leave emergency phone numbers.
5. In case you are unable to pick up your child by the expected time, please give notice ahead of time.

Markaz Al Bayaan School of Arabic Studies
After School Program for ages 5-7

ENROLLMENT APPLICATION

3841 N. Broad Street, Philadelphia, PA
215-228-2833

Date:		
Parent s' Name:		
Address:		
City:	State:	Zip:
Home #:	Cell #:	
Child(ren) Name		
Age	Grade	
Child(ren) Name		
Age	Grade	
Child(ren) Name		
Age	Grade	

Parent, if you can t'be reached in case of an emergency, contact:

Name: _____ Phone #:_____

Name: _____ Phone #:_____

Parent s' Signature: _____ Date_____

Office Use Only
Method of Payment: [ ] Check [ ] Money Order [ ] Cash
Amount: $_____
Number of Children _____
Administrator Signature: _____ Date_____